

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization) Check if this is a new	name	nno-con moeth (Messer Miller e Messer Messer Miller e Mi	COSOCIO COS POR PARTICIPA NA COSTA C
Carter for Council			
2. Acronym or Abbreviated Name (if any)	3. Comr	mittee Telephone Number	
	()	
Malling Address (address where all campaign finance correspondence is received) 13312 Sedgwick Lane	Check If this	s is a new address	
5. City, State, ZIP Code	1 -	Affiliation (if applicable)	
Carmel, IN 46074	Reput		
CANDIDATE INFORMATION (For Candidate's (
7. Full Name of Candidate (include any nickname)	1	Affiliation or If Independen	I Candidate
Carter for Council	Repul		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	E	inty of Residence	
City Council At-Large	Hamil		
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:	ention
<u> </u>			
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement	ot Organization,		
12. Reporting Period: From: 10/15/11 Through: 12/31/11		COLUMN A This Period	COLUMN B Year to Date
Pioni. rinough.		7,845.07	
13. Cash on hand and investments at the beginning of this reporting period.		7,640.07	7,845.07
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			7,845.07
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)			
15b. Unitemized		0,60	0.60
15c. Add lines 15a and 15b in both columns SUB	TOTAL	0.60	0.60
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	7,845.67	7,845.67
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		500.00	500.00
17b. Unilemized			
17c, Add lines 17a and 17b in both columns SUI	BTOTAL	500.00	500.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	7,345.67	7,345.67
19. Debts OWED BY the committee (use Schedule D)		12,341.02	
20. Debts OWED TO the committee (use Schedule E)			
TIFICATION			OR OFFICE USE ONLY
T OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORE		01(0)110200201121
Title		ate.	
Weasever		4815 911/	HAMELTON COUNTY COL
	ם	Pate //	TAMMY BAITZ CLERK
for sale or used for any commercial purpose	(IC 3.0.4.5)	YA person who knowingly	and a see and A ATE
berson who fails to file a complete or accur	rate report as	s required by the Indiana	
and may be subject to civil penalties. (IC 3	-9-4-16, IC 3-	9-4-17, IC 3-9-4-18)	IN LI WWY
		S 1 (C)	1.00 F1 GGA [1]



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

F	ILE NUME	BER
Page _	4 of	10

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
2,		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
	SUBTOTAL	. THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on IT)	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$00000		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page _7 of10	_			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
CodeC_ Hamilton County Republican Party 7246 Fisher Crossing Dr. Fishers, IN 46038	Political Party	X Direct In-Kind Payment of Debt Returned Contribution Other Purpose:Contribution	100.00	350.00	10/15/11
Code_O Stephanie Lewis 13312 Sedgwick Lane Carmel, IN 46074	Accounting Consultant	x Direct In-Kind Payment of Debt Returned Contribution Other Purpose:Payment for services	500.00		12/11/11
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL P	\$600.00 \$600.00				



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R
Page _	_10	of	10

BORROWER'S NAME & MAILING ADDRESS	BORROWER'S NAME CO-SIGNER'S NAME & MAILING ADDRESS & MAILING ADDRESS (if any)		DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD	
					· · ·	
					· · · · · · · · · · · · · · · · · · ·	
				1		
		SUBTOT4	L THIS PAGE O	SCHEDULE E	\$	
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY						
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)						



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER
Page8 of10

			Page	8 of	_10
	PUBLIC QUESTIO	NINFORMATION			
Enter Text of Public Question				-	
Type of Question: Statewide	Local				
Position: Supported Oppo					
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)		and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Codo		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Purpose:			
A-4-		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Purpose:			
		-			
Code		☐ Direct ☐ In-Kind	!		
		Payment of Debt			
		Returned Contribution			
		Purpose:			
Code		Direct In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Other Purpose:			
		t uiposo.			
0.4		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
	-	Purpose:		1	
-	SUBTOTAL THIS PA		\$		
TOTAL OF ALL PA	GES OF SCHEDULE C ON TH		\$00000		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

Ī	ILE N	UMBE	R	
Page	6	of	10	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	in-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
2.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
*				
	Other Receipts: Interest Loan			
	Misc. (specify)			
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
	Contributions			
4.	Contributions:			
	n-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
5.	Contributions: Direct			
	in-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE		\$00000		
(Enter total on II El	1 15a of the Summary Sheet)			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, Interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

		FIL	E NUN	BER	*	
Pa	age _	5	_ of _	10		

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
"	Direct			
	☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	Misc. (specify)			
2.	Contributions:			
	Direct	***************************************		
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	L BPKIIIO (Gescribe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
4.	Contributions:			
	n-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
	ш наос, (оросну)			
5.	Contributions:			
-	Direct			
	☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	☐ Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$00000		
(Enter total on ITE	M 15a of the Summary Sheet)	*************************************		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse skle. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER
Page _3 of10

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
1.	(street, number, city, state, ZIP code)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	PERIOD	YEAR-TO-DATE	RECEIVED BY
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
		THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE ((Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$00000		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
Page	2	of _	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	Direct			
	In-Kind (describe)			
		-		
	Other Receipts:			
	i			
	Misc. (specify)			
Contributor's Occupation (if required)		_		
2.	Contributions:			
	Direct			
	In-Kind (describe)			
]		
	Other Receipts:	Ì		
	☐ Interest ☐ Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	In-Kind (describe)			
]		
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
	in Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
:	Direct			
	☐ In-Kind (describe)			
	Other Receipts:		ļ	
	☐ Interest ☐ Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	*		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		
(Enter total on ITEM	1 15a of the Summary Sheet)	\$00000		



(CFA-4 SCHEDULE D)
Debts Owed by This Committee

State Form 4606 (R9 / 11-99)	
Indiana Election Commission	(IC 3-9-5-14)
Approved by State Board of A	ccounts 1999

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Page	1.	of	7	

*ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this nedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the ammittee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

soans of at least \$1,000 uning the calerator yo	<u> </u>			
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	AMOUNT	DATE DEBT GUMULATIVE INCURRED PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Ronald Carter		41.01	62802	
1311 Rick Rd. Our nel, IN 4(0033		lwan		4101
Royald Carter		13.03	7/30/02	
1311 Rick Rd. Carnel, IN 40033		lvan		54.64
Ronald Carter 1311 Ridge Rd.		100,00	32103	ا ، ا ، ا
Carnel, IN 40033		luan	3/21/03	154.64
Ronald Carter 1311 Riog Rd.		77.97	3/22/03	227 [6]
Carnel, 1 No 033		loan		1232.61
Ronald Carter 1311 Ridge Rd.	1	1350,58	3 24 03	160310
Carnel, 14 40033		loan	0,2 1,00	1583,19
Ronald Ourter 1311 Ridge Rd.		118.72	3 27 03	1761.91
Carmel IN 40033		Wan	012 100	,
Ronald Carter 1311 Ridge Rd.		569.64		2271.55
Carmel IN 46033		Wan	4/6/03	2611.00
SUB TOTAL THIS PAGE OF SCHEDULE D				
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$·



(CFA-4 SCHEDULE D)
Debts Owed by This Committee

State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

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Page		of		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

G MAILING ADDITESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)	(street, number, dily, state, zir code)				
MONOR CAPTER 1311 RICK Rd. Carnel, IN LENDERS OCCUPATION:		191.81	4/11/03		2463.34
LENDERS OCCUPATION: 40033		wan			
Ronald Carter 1311 Ridge Rd. Carnel M LENDERS OCCUPATION: 46033		24.23	4/13/03		2487.59
CARNEL MU033		Wan			1940 1.9 11
Ronald Carter		3337. 90			
		Loan .	3/10/95		-5825.49
LENDERS OCCUPATION:					
				AND THE PARTY OF T	
LENDERS OCCUPATION:		-			
		, , , , , , , , , , , , , , , , , , , ,			
LENDERS OCCUPATION:					
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LENDERS OCCUPATION:					
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LENU3 OCCUPATION:				1	

SUB TOTAL THIS PAGE OF SCHEDULE D

3553.94

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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Page_	<u>.</u>		_of	1	,	

£	UCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For essistance in completing this
C TOWN	ide coe instructions on the mucros side. List all debits and loans, recardless of the amount, UNVED BY the
^~~~	ittoe during the reportion period - include all amounts owed for or to lending institutions. <i>Individu</i> als.
cradit	numbases committee credit card accounts, etc. List each vendor baid by cledit card issued in the
name	of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes
hans	of at least \$1,000 during the calendar year. Otherwise, this is optional.

ODERSTONIC OR LEUDERIC VALLE	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEST	CUMULATIVE	OUTSTANDING
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
Ronald Corter 1311 Zick Rd. Council IN 46032	,				
1311 Zida Rd.		3985.33	منامطييا		9810.82
Council IN 46032		loan	4/28/03	•	1 1010.05.1
LENIDERS OCCUPATION:		ues v			
Ronald Carter		43.92			
		4584	6303		9854.75
		lean	U. C. C.		
Ronald Carter					
MONOR CONTER		3au.87			100 (6.1 161
	,		5/603	·	10,161,61
_ENDERS OCCUPATION:		Wan			
Ronald Carter					
13.		38 . B	4303		10,200.37
		Loan	1.7.40		- ' <u> </u>
ENDERS OCCUPATION:		uu,			
Ronald Carter	1	47.32			:
		-	5303		10,247.62
ENDERS OCCUPATION:		wan	- - -		
					•
ENDERS OCCUPATION					
•			1		
SHOERS OCCUPATION:	<u> </u>		_ THIS PAGE OF	COUEDIN E D	:447.2.13
					7701.17
	TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY				م، تاع



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTE

(Enter total on ITEM 19 of the Summary Sheet)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions; individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A tender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEST INCURRED	CUMULATIVE. PAID. YEAR-TO-DATE	OUTSTANDIN BALANCETH PERIOD
Ronald Carter 12715 Stanwich Curnel IN 40033	my Campaign Stave PO BOX 594 Jeffersonville, IN 47	1,749,84	3/1/07		1199694
CHYMUL IN 40033	Jeffersonville, IN 47	131 loan			1141644
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit in accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A .der's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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Page _		of	12	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Ronald Carter 12715 Stanwith Carmel, 1216033	OSP Printing 102 W. Carnel D Carnel, 1N 40032	r.\$286.20	4/27/07		12,283.14
Ronald Cartor 12715 Stanwich Carmel, 1N 46033 LENDERS OCCUPATION	le Peep Carmel, M	32.86 Wan	4/20/07		12,314.02
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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	FILE NUMBER	
Page_	95 of 185	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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Carmel, IN 40033		laan	3 29/11		12,316.02
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